2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07834

Entity Name: EDGEWOOD CONDOMINIUM ASSOCIATION, INC.

FILED
May 02, 2016
Secretary of State
CC2172518430

Current Principal Place of Business:

1071 EDGEWOOD AVE S JACKSONVILLE. FL 32205

Current Mailing Address:

P. O. BOX 50886

JACKSONVILLE BEACH. FL 32240

FEI Number: 59-2491983 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIVER CITY MANAGEMENT SERVICES, INC. 1639 BEACH BLVD. JACKSONVILLE BEACH, FL 32250 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

TitlePRESIDENTTitleDIRECTORNameZIMMERMAN, KATENameLINER, ANNAddressP. O. BOX 50886AddressP. O. BOX 50886

City-State-Zip: JACKSONVILLE BEACH FL 32240 City-State-Zip: JACKSONVILLE BEACH FL 32240

Title DIRECTOR Title DIRECTOR

Name FISSEL, ANN Name FERRARD, JOSHUA
Address P. O. BOX 50886 Address P. O. BOX 50886

City-State-Zip: JACKSONVILLE BEACH FL 32240 City-State-Zip: JACKSONVILLE BEACH FL 32240

Title D Title DIRECTOR

Name STAMPER, MARY Name MCLAUGHLIN, SANDY

Address P. O. BOX 50886 Address P. O. BOX 50886

City-State-Zip: JACKSONVILLE BEACH FL 32240 City-State-Zip: JACKSONVILLE BEACH FL 32240

Title DIRECTOR

Name WILSON, ROBERT

Address PO BOX 50886

City-State-Zip: JACKSONVILLE BEACH FL 32240

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATE ZIMMERMAN PRESIDENT 05/02/2016